

**COMMONWEALTH OF KENTUCKY****Department Of Insurance**

P.O. Box 517

Frankfort, Kentucky 40602-0517

**PROPERTY AND CASUALTY DIVISION****OPEN RECORD REQUEST FORM**

Phone: 502-564-6046

Fax: 502-564-2728

**REQUESTER INFORMATION**

REQUESTER'S NAME (PRINT OR TYPE): \_\_\_\_\_

COMPANY NAME (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET OR P.O. BOX NUMBER

CITY &amp; STATE

ZIP CODE

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**FOR  
OFFICE USE ONLY**NUMBER OF PAGES  
\_\_\_\_\_AMOUNT PAID  
\$ \_\_\_\_\_DATE RECEIVED  
\_\_\_\_\_

**NOTE:** IF SPECIFIC INFORMATION CONTAINED IN THE BODY OF A FILING IS BEING REQUESTED (E.G., SPECIFIC ENDORSEMENTS, FORMS, COVERAGES, RATES, OR RULES, ETC.), PLEASE NOTE THAT THIS INFORMATION MAY NOT BE PART OF THE DEPARTMENT'S DATA INPUT PROCESS AND MAY NOT BE READILY AVAILABLE. ALL PERSONS REQUESTING THIS TYPE OF INFORMATION MAY, HOWEVER, MAKE ARRANGEMENTS TO VIEW THE ENTIRE FILE AT THE OFFICE. FOR COMPLETE INFORMATION ON THE OPEN RECORDS PROCEDURES AND FEES, REFER TO KRS 61.870-884, KRS 304.13-081, KRS 304.4-010 AND KRS 304.2-150.

COMPANY NAME	NAIC #	TYPE OF INSURANCE	DATE OF FILING (IF KNOWN)	RATE, RULE OR FORM

**CERTIFICATE OF COMMERCIAL PURPOSE**

**AS** THE INDIVIDUAL OR ENTITY REQUESTING PUBLIC RECORDS, \_\_\_\_\_  
NAME (PLEASE PRINT)

HEREBY CERTIFIES THAT THE REQUESTED PUBLIC RECORDS SHALL BE USED FOR

☐ NON-COMMERCIAL PURPOSES☐ COMMERCIAL PURPOSES AS DESCRIBED:

**FURTHERMORE,** THE INDIVIDUAL OR ENTITY REQUESTING PUBLIC RECORDS HEREBY ACKNOWLEDGES THAT IT IS UNLAWFUL TO OBTAIN A COPY OF  
ANY PART OF A PUBLIC RECORD FOR A

1. COMMERCIAL PURPOSE WITHOUT STATING THE COMMERCIAL PURPOSE; OR
2. COMMERCIAL PURPOSE IF THE PERSON USES OR KNOWINGLY ALLOWS THE USE OF THE PUBLIC RECORD FOR A DIFFERENT COMMERCIAL PURPOSE; OR
3. NON-COMMERCIAL PURPOSE IF THE PERSON USES OR KNOWINGLY ALLOWS THE USE OF THE PUBLIC RECORD FOR A COMMERCIAL PURPOSE.

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE